

199 CHURCH STREET NEW YORK NY 10007 (212)312-9000

MECHANICAL HEATING SUPPLY INC  
461 TIMPSON PLACE  
BRONX NY 10455

FEBRUARY 20, 2007

RE: POLICY #: 1161083-9  
CLAIMANT: AMADOE JOSE

CASE #: 62036785-326  
ACCIDENT DATE: 1-30-2007

Dear Sir/Madam,

Your "Employer's Report Of Injury" (Workers' Compensation Board Form C-2) concerning the captioned case has been received.

Please use the above case number on all future correspondence regarding this matter.

Very Truly Yours,  
The State Insurance Fund

C-114.1

**Holcam Associates, Inc.**

222 Mamaroneck Avenue, White Plains, New York 10605  
(914) 948-2628 \* (212) 730-5544 \* Fax (914) 948-2843

February 20, 2007

VIA FAX (718) 585-1682

Mechanical Heating Supply, Inc.  
461 Timpson Place  
Bronx, New York 10455

Attention: Frank Rivera

RE: WORKER'S COMPENSATION POLICY #Z1161 083-9  
THE STATE INSURANCE FUND  
DATE OF INJURY: 1/30/2007  
CLAIMANT: JOSE AMADOE

Dear Frank:

This letter will confirm that I received the Employer's Report of Injury form for the captioned. The Report was forwarded to The State Insurance Fund and has been assigned as follows:

THE STATE INSURANCE FUND  
199 CHURCH STREET  
NEW YORK, NEW YORK 10007  
CARRIER CASE NO. 62036785-326  
CLAIM REPRESENTATIVE: AUDRENE MARRIMON

Please feel free to contact me if I can be of further assistance. Thank you.

Very truly yours,

HOLCAM ASSOCIATES, INC.

Chris LaPalme



Zachary S. Weiss  
Chair

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
PO BOX 5205  
BINGHAMTON, NY 13902-5205  
[www.wcb.state.ny.us](http://www.wcb.state.ny.us)  
(800) 877-1373

## State of New York - Workers' Compensation Board

In regard to Jose A Zelaya, WCB Case #0071 0945

### AMENDED DECISION

*keep for your records*

This decision amends the Notice of Decision made by Judge Toni Katz previously filed on 07/10/2008 involving the claim of Jose A Zelaya at the Manhattan hearing location for the hearing held on 07/07/2008:

AWARD : The employer or insurance carrier is directed to pay the following awards, less payments already made by the employer or carrier, for the periods indicated below, unless employer or carrier files an appeal within 30 days after the date on which the decision was duly filed and served.

	for disability over a period of		at rate	
weeks	from	to	per week	the sum of
6.8	1/23/2007	3/10/2007	\$266.67	\$1,813.36
0	3/10/2007	5/21/2007	\$0.00	\$0.00
- No medical evidence.				
20.6	5/21/2007	10/11/2007	\$266.67	\$5,493.40
38.6	10/11/2007	7/8/2008	\$200.00	\$7,720.00
- Tentative rate.				

Carrier to continue payments at \$200.00 tentative rate.

#### FEES:

As lien on above award payable by separate check by carrier TO CLAIMANT'S REPRESENTATIVE OR ATTORNEY:

Sum of	To
\$750.00	Finkelstein, Meirowitz &

DECISION: The claimant Jose A Zelaya had a work related injury involving both wrists. The claimant's average weekly wage for the year worked before this work related injury or occupational disease is \$400.00 on a tentative basis. Remove and discharge Caruso, Spillane and Leighton.

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Claimant -	Jose A Zelaya	Employer -	Mechanical Heating Supply, Inc
Social Security No. -		Carrier -	State Insurance Fund
WCB Case No. -	0071 0945	Carrier ID No. -	W204002
Date of Accident -	01/23/2007	Carrier Case No. -	62036785-326
District Office -	NYC	Date of Filing of this Decision -	07/10/2008

#### ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

Correct date of accident is January 23 2007. No further action is planned by the Board at this time.

Claimant - Jose A Zelaya  
Social Security No. -  
WCB Case No. - 0071 0945  
Date of Accident - 01/23/2007  
District Office - NYC

Employer - Mechanical Heating Supply, Inc  
Carrier - State Insurance Fund  
Carrier ID No. - W204002  
Carrier Case No. - 62036785-326  
Date of Filing of this Decision - 07/10/2008

ATENCION:

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Zachary S. Weiss  
Chair

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WORKERS' COMPENSATION BOARD  
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(800) 877-1373

**State of New York - Workers' Compensation Board**  
**In regard to Jose A Zelaya, WCB Case #0071 0945**

**NOTICE OF DECISION**

*keep for your records*

At the Workers' Compensation hearing held on 07/07/2008 involving the claim of Jose A Zelaya at the Manhattan hearing location, Judge Toni Katz made the following decision, findings and directions:

AWARD : The employer or insurance carrier is directed to pay the following awards, less payments already made by the employer or carrier, for the periods indicated below, unless employer or carrier files an appeal within 30 days after the date on which the decision was duly filed and served.

	for disability over a period of		at rate	
weeks	from	to	per week	the sum of
6.8	1/23/2007	3/10/2007	\$266.67	\$1,813.36
0	3/10/2007	5/21/2007	\$0.00	\$0.00
- No medical evidence.				
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38.6	10/11/2007	7/8/2008	\$200.00	\$7,720.00
- Tentative rate.				

Carrier to continue payments at \$200.00 tentative rate.

**FEES:**

As lien on above award payable by separate check by carrier TO CLAIMANT'S REPRESENTATIVE OR ATTORNEY:

Sum of	To
\$1,000.00	Caruso, Spillane, Leighton
\$750.00	Finkelstein, Meirowitz &

DECISION: The claimant Jose A Zelaya had a work related injury involving both wrists. The claimant's average weekly wage for the year worked before this work related injury or occupational disease is \$400.00 on a tentative

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Claimant -	Jose A Zelaya	Employer -	Mechanical Heating Supply, Inc
Social Security No. -		Carrier -	State Insurance Fund
WCB Case No. -	0071 0945	Carrier ID No. -	W204002
Date of Accident -	01/23/2007	Carrier Case No. -	62036785-326
District Office -	NYC	Date of Filing of this Decision -	07/10/2008

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basis. Remove and discharge Caruso, Spillane and Leighton.

Correct date of accident is January 23 2007. No further action is planned by the Board at this time.

Claimant - Jose A Zelaya  
Social Security No. -  
WCB Case No. - 0071 0945  
Date of Accident - 01/23/2007  
District Office - NYC

Employer - Mechanical Heating Supply, Inc  
Carrier - State Insurance Fund  
Carrier ID No. - W204002  
Carrier Case No. - 62036785-326  
Date of Filing of this Decision - 07/10/2008

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).